



**MOST WORSHIPFUL PRINCE HALL GRAND LODGE F&AM  
JURISDICTION OF INDIANA, PHA**

**REIMBURSEMENT ACCOUNTS AND CLAIM**

CLAIM #: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATES: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

OFFICE/COMMITTEE: \_\_\_\_\_

DATE: \_\_\_\_\_ 20 \_\_\_\_\_

TOTAL

MILEAGE \_\_\_\_\_ X.20 \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

MILEAGE \_\_\_\_\_ X.20 \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

MILEAGE \_\_\_\_\_ X.20 \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

MILEAGE \_\_\_\_\_ X.20 \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

PER DIEM \$20.00 X \_\_\_\_\_ DAYS \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE**

Please attach all original receipts or bills

\_\_\_\_\_

**OTHER {Itemize}**

Please attach all original receipts or bills

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GRAND TOTAL

\_\_\_\_\_

SIGNATURE OF RECIPIENT: \_\_\_\_\_

DATE: \_\_\_\_\_ 20 \_\_\_\_\_

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_ 20 \_\_\_\_\_

**M.W. GRAND MASTER OR R.W. GRAND SECRETARY**